Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the 2	2022 calend	dar year, or ta	x year begir	nning 6/	01	, 20)22, and	endin	g 5/3			20 2023	
В	Check if ap	plicable:	С								D Employ	er identi	fication numb	per
	Addres	ss change	CITY CLU	JB OF PO	RTLAND						93-	0140	220	
	Name	change		ND AVE							E Telepho	ne numb	per	
	Initial i	-	PORTLANI	O, OR 97	209-3958	}					503	-228	-7231	
		urn/terminated									303	220	7201	
		ded return									G Gross r	acaints (5 1	16,994.
		ation pending	F Name and a	ddress of princip	al officer: TD		T2 3 3 2 T 1			H(a) Is this a	a group return			Yes X No
	Аррис	ation pending	SAME AS		EDI	WARD B.	KAYŁ			1 ' '	subordinates attach a list			Yes No
_	Tay ayan	npt status:	X 501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527	If "No,"	' attach a list	See ins	tructions.	J.22
÷		•	_	.,,,		ilisert ilu.)	4347 (a)(1) 01	JZI					
<u>1</u>	Websit		W.PDXCIT			1		T			exemption nu			OD
K		organization:	X Corporation	Trust	Association	Other		L Year of	f formati	ion: 191	6 M S	State of le	egal domicile:	OR
Pa	rt I	Summar	У			.::6:	. 40. (40		10 D14	TEC 14		7.170		
			oe the organi											
g			Y IN PUE			TO ARO	OSE IN	THEM_	THE	<u> KFYTT</u>	ZAT TON	<u> 0f</u>	THE	
ш	<u>01</u>	3PTGWIT	ONS OF C	1117FN21	11 P									
er	2 Ch	eck this bo		e organizatio					of mor	than 25	0/ of its p			
õ			ting members									3	:15.	6
∘ઇ			dependent vo									4		6
Activities & Governance			of individuals									5		2
₹			of volunteers									6		20
Act	7a Tot	tal unrelate	ed business re	evenue from	Part VIII, col	lumn (C), lir	ne 12					7a		0.
	b Ne	t unrelated	business tax	able income	from Form 9	990-T, Part I	, line 11					7b		0.
											rior Year		Curre	nt Year
ø)	-		and grants (I		•						225,2	30.	1	104,672.
Revenue		-	ice revenue (
eve			come (Part V		•						38,8	53.		767.
α			e (Part VIII, c											5,429.
			- add lines								264,0	183.		110,868.
			milar amount				-							
		•	to or for mer	-	-	-								
ø			er compensat								76,9			31,581.
Expenses	16a Pro	ofessional f	fundraising fe	es (Part IX,	column (A),	line 11e)					6,0	00.		34,745.
be	b Tot	tal fundrais	ing expenses	(Part IX, co	lumn (D), lin	ie 25)		36,2	216.					
ũ	17 Oth	ner expens	es (Part IX, d	olumn (A). li	nes 11a-11d	. 11f-24e)					109,7	71	-	182,183.
			es. Add lines								192,6			248,509.
		•	expenses. S	-	•	-					71,3			137,641.
- S											ng of Curren			of Year
Net Assets of Fund Balance	20 Tot	tal assets (Part X, line 1	6)							, 254, 5			153,472.
Ass	21 To		s (Part X, line								4,1		-/-	50,185.
E e	22 Ne	t assets or	fund balance	s Subtract li	ine 21 from l	line 20				1	,250,4	-	1 -	103,287.
		Signatur		o. Gastraot i	21					. т	.,230,5	10.	⊥,.	103,207.
		_	lare that I have ex	aminad this raturn	including accom	ananyina cahadu	loc and statem	onto and to	the her	t of my knowle	adaa and hali	of it is tri	in correct on	
comp	olete. Declar	ation of prepa	rer (other than of	ficer) is based or	n all information	of which prepar	er has any kn	owledge.	ille bes	at Of Thy Known	euge and ben	51, IL IS UI	ae, correct, arr	u
Sig	ın	Signature of	officer							Date				
He	re	EDWARD	B. KAYI	7					Т	REASUR	RER			
	-		name and title	_						тшпоот	ши			
		Print/Type p	reparer's name		Preparer's si	gnature		Date)		Check	if	PTIN	
D٠	:A			NT CDA							self-employe	」 " ∣	P01922	749
Pa	id eparer	JONNA VERCELLINI, CPA						Self-employed F 01 32 2 7 4 3				111		
	e Only	0.01.1							Firm's EIN	0.2	_11571/	16		
J 3	Comy	Firm's addre				r, SUII.	Ŀ 41U						-115714	
Max	, the IDS	diaguag thi	PURT	LAND, OF		o2 Soo inct	rustions				Phone no.	(503	3) ZZZ- X V ec	-3338

Page 2

Par	t III	Statement of Program		•	5			
		Check if Schedule O contains		e to any line in this	Part III			
1	-	y describe the organization's m						
		INFORM ITS MEMBERS				S AND TO AROU	SE IN TH	EM_THE
	REA.	<u>LIZATION OF THE OBI</u>	IGATIONS OF	CITIZENSHIP	<u>·</u>			
								- – – – – .
2		e organization undertake any						
							· · · Yes	X No
		s," describe these new service						
3	Did th	e organization cease conducti	ng, or make signific	ant changes in how	it conducts, any p	orogram services?	Yes	X No
		s," describe these changes on						
4	Descr	ibe the organization's program on 501(c)(3) and 501(c)(4) orga	service accomplish	ments for each of i	ts three largest pro	ogram services, as me	easured by ex	kpenses.
	Section and re	on 501(c)(3) and 501(c)(4) orga evenue, if any, for each progra	anizations are requi	red to report the an	nount of grants and	d allocations to others	s, the total exp	penses,
	and re	evenue, il ally, for each progra	iii scivice reported					
4-	(Cada	:) (Expenses \$	1.0.001	including grants of	τ ¢) (Davisarus	\$	`
4a	(Code		46,664	• Including grants ()ı Ÿ	(Revenue	٧	
		BERSHIP						MEMBER
		Y CLUB'S MEMBERSHIE						
		RISED OF EVENTS AND	. <i>— — — — — –'—</i> .					
	IN-	PERSON_MEETINGST	HE WEBSITE	PDXCITYCLUB.	ORG PROVIDE	S CURRENT INFO	<u>ORMATION</u>	<u>: </u>
						. – – – – – – –		
1 h	(Codo	. VEwpapas ¢	24 021	inaludina aranta	٠ .) (Dayanya	Ċ	```
4D	(Code		24,021	including grants o)ı 4) (Revenue	٠)
	FOR							
		Y CLUB HOLDS EVENTS						
		ELS, DEBATES, AND `				. — — — — — — — —		
	BUT	ONE OF THE 6 EVENT	<u>'S WERE HELD</u>	VIRTUALLY,	<u>WITH_OVER_1</u>	8,000 ATTENDE	<u>ES/VIEWS</u>	:
1 c	(Code	e:) (Expenses \$		including grants (of S) (Revenue	Ś)
				- Including grants (J1 4) (Nevenue	<u> </u>	
		EARCH & ADVOCACY	CTMV CTUD T	T THE COLLABOR	V CONDITORIA	C COMMINITELY D	7 CED DEC	
		Y CLUB IS THE LAST						
		<u> </u>				. — — — — — — — —		
		OCACY EFFORTS CENTE		PORTLAND CHA	<u>RTER REVIEW</u>	COMMISSION P	ROMOTED :	REFORM_
	OF (CITY GOVERNMENT STE	RUCTURE.					
		· 						
				· = = 				· – – - -
74	Other	program services (Describe or	Schedule ())					
−u	(Expe		including grai	nts of S) /[Revenue \$)
//-		program service expenses) (1	TOFORIUC Y		,
46	iolai	program service expenses	/(),685.				

Form 990 (2022) CITY CLUB OF PORTLAND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) CITY CLUB OF PORTLAND Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V.			. [_]
1.	Enter the number reported in hex 2 of Form 1006. Enter 0, if not emplicable		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
	(gambing) willings to prize williers.		21	

Form 990 (2022) CITY CLUB OF PORTLAND Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Χ
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	0		
0	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
_	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
AΑ	TEEA0105L 09/01/22	Form	990 (2022)

Form 990 (2022) CITY CLUB OF PORTLAND 93-0140220 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or persons other than the governing body? Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O Χ a The governing body?..... 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Χ 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O. Χ 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official ... SEE .SCHEDULE . Q 15a Χ 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed <u>OR</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

#213 PORTLAND OR 97209-3958 503-228-7231

State the name, address, and telephone number of the person who possesses the organization's books and records.

CHRISTOPHER HOWARD 221 NW 2ND AVE

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C))					
	(A) Name and title	(B) Average hours per	than	one both dire	box, an o ector/	unles	,	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) DARIO	N JONES THRU 4/23	$-\frac{10}{0}$	v		Χ				0	0	0
		10	Χ		Λ				0.	0.	0.
	IN BAGGOTT DAVIS THRU 11/22	0	Χ		Χ				0.	0.	0.
(3) JULIE		_ 10 _									
	PRESIDENT	0	Χ		Χ				0.	0.	0.
	FLEISCHMAN	10									
	THRU 4/23	0	X		Χ				0.	0.	0.
	TOPHER HOWARD	10_									
	THRU 12/22	0	X		Χ				0.	0.	0.
	<u>STREETER</u>	10_									
SECRE		0	Χ		Χ				0.	0.	0.
	WHEATLEY	10							_	_	_
	THRU 3/23	0	Χ		Χ				0.	0.	0.
	IA TRIPP FOLSOM	5							_	_	_
GOVER		0	Χ						0.	0.	0.
	E JOHNSON	5	.,						•		•
GOVER		0	Χ						0.	0.	0.
	THA RIDDERBUSCH	5	17						0	0	0
GOVER		5	Χ						0.	0.	0.
(11) MARK GOVER	STEPHAN NOR	0	v						0.	0.	0
	CARRILLO	5	X						0.	0.	0.
	THRU 4/23	3	Х						0.	0.	0.
(13) MAJA	VIKLANDS HARRIS	5									
	THRU 4/23	0	Χ						0.	0.	0.
(14) BETH	TARASAWA	5									
GOVR.	THRU 4/23	0	Χ						0.	0.	0.

Page 8

Part VII Section A. Officers, Directors, 17	ustees,	ney	' Er	npı	Оує	ees,	an	a nignest cor	npensated Emp	oloye	es (con	tinuea)
	(B)			(0	•							
(A)	Average hours per (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportacompensation		(D)	(E)		(F)						
Name and title	per							Reportable compensation from	Reportable compensation from	Estim	ated amo	ount
	week (list any	or di	SL	으	Key	en E	급	the organization (W-2/1099-	related organizations (W-2/1099-	compe	of other ensation f	
	hours for	Individual trustee or director	institutional trustee	Officer	y en	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	ar	organizati od related	
	related organiza	rector	iona	٦.	employee	e cor				org	anization	5
	- tions below	rust	n.n.l		yee	nper						
	dotted line)	ee	stee			isate						
						ä						
(15) FAITH ADDICOTT	5											
GOVR. THRU 9/22	0	Х						0.	0.			0.
(16) REBECCA TWEED	5							_				_
GOVR. THRU11/22	0	Х						0.	0.			0.
(17)	 	•										
(10)												
(18)	 											
(19)												
	1											
(20)												
	1											
(21)												
	1	•										
(22)												
(23)												
(24)		-										
(25)												
(25)												
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Part VII, Section							٠.,	0.	0.			0.
d Total (add lines 1b and 1c)								0.	0.			0.
2 Total number of individuals (including but not limit										e comp	ensati	
from the organization 0												
											Yes	No
3 Did the organization list any former officer, direct	or, trustee	, key	em e	ploy	/ee,	or hi	ghe	st compensated e	mployee			
on line 1a? If "Yes,"compléte Schedule J for such	individua	<i>l</i>								. 3		X
4 For any individual listed on line 1a, is the sum of	reportable	con	nper	sati	on a	and o	ther	r compensation fro	om			
the organization and related organizations greate such individual	r tnan \$15		0 <i>? 1</i>	Τ ¨Υ	es, 	com	р <i>іе</i> т	e Scneaule J for		. 4		X
5 Did any person listed on line 1a receive or accrue	compens	ation	n fro	m a	nv u	nrela	ated	organization or in	ıdividual			
for services rendered to the organization? If "Yes	," comple	te Sc	ched	ule .	J for	suci	h pe	erson		. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compens	otad inda	aand	ont.	oont	root	oro H	not.	received more the	n \$100 000 of			
compensation from the organization. Report comp	sated indep pensation	for th	ne c	alen	ıdar	ors u year	enc	ding with or within	the organization's t	ax yeaı		
(A)								(B)		(C)	
Name and business addi	ess							Description of	of services	Compe	eńsatio	n
2. Total number of independent contractors (* 1. "	a bt '	Line 9	م دا ۱	, II-	001	liat -	-اما	0,40)	more than			
2 Total number of independent contractors (includir \$100,000 of compensation from the organization	-	ıırnıt	ea to	ว เทต	use	ustec	ı ab	ove) who received	more than			
Too,ooo or compensation from the organization	0											

Form 990 (2022) CITY CLUB OF PORTLAND 93-0140220 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or exempt function revenue (C) Unrelated business revenue (D) Revenue excluded from tax under sections 512-514 (A) Total revenue , Gifts, Grants, nilar Amounts 1a Federated campaigns **b** Membership dues..... 1b 47,540 c Fundraising events..... 1c d Related organizations 1d

Contributions, (and Other Simi		Government grants (contributions) 1e				
utio her (ī	All other contributions, gifts, grants, and similar amounts not included above 1f 57,132.				
Contributic and Other	g	Noncash contributions included in lines 1a-1f				
Cor	h	Total. Add lines 1a-1f	104,672.			
		Business Code	104,072.			
Program Service Revenue	2a					
Rei	b					
vice	С					
Ser	d					
am	e	All other programs are incorporate				
rogi		All other program service revenue				
<u> </u>	_	Investment income (including dividends, interest, and				
	3	other similar amounts)	6,893.			6,893.
	4	Income from investment of tax-exempt bond proceeds	,			
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents 6a				
		Less: rental expenses				
		Net rental income or (loss)				
		Gross amount from (i) Securities (ii) Other				
	/a	sales of assets				
	b	other than inventory Less: cost or other basis				
	-	and sales expenses 76 6,126.				
		Gain or (loss) 7c -6, 126.				
	d	Net gain or (loss)	-6,126.			-6,126.
ne	8a	Gross income from fundraising events				
/en		(not including \$ of contributions reported on line 1c).				
Rei		See Part IV, line 18				
Other Revenue	b	Less: direct expenses 8b				
₹	С	Net income or (loss) from fundraising events				•
	9a	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
SI		Business Code				
eo re	11a	OTHER REVENUE	5,429.	5,429.		
lan Gn	b					
scellaneo Revenue	c d	All other revenue				
Miscellaneous Revenue		Total. Add lines 11a-11d.	5,429.			
		Total revenue. See instructions.	110,868.	5,429.	0.	767.
BAA			A0109L 09/01/22	5, 125.	U .]	Form 990 (2022)

SOP 98-2 (ASC 958-720).....

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Management and Fundraising Program service expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 0. 0 0. 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described 0. in section 4958(c)(3)(B)..... 0 0 0 Other salaries and wages..... 27,539 27,315 112 112. Pension plan accruals and contributions (include section 401(k) and 403(b) 598 598 Other employee benefits..... 467 467 Payroll taxes..... 977 953 12 12. Fees for services (nonemployees): a Management..... **b** Legal..... c Accounting...... 1,200. 1,200 e Professional fundraising services. See Part IV, line 17. . . . 34,745 34,745. Investment management fees..... 9,996 9,996. Other. (If line 11g amount exceeds 10% of line 25, column 129,195 2,917. 126,278 (A), amount, list line 11g expenses on Schedule 0.\$CH . Q 12 Advertising and promotion..... 1,317. 1,317. Office expenses..... 6,724. 5,716 672 336. 4,294. Information technology..... 14 5,052. 505. 253. 15 8,505 500. 10,006 1,001 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings..... Interest..... Payments to affiliates..... 21 Depreciation, depletion, and amortization . . . 23 Insurance..... 5,153 515. 258. 4,380 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)..... 13,540 BROADCAST_FEES 13,540 b С d e All other expenses..... 141,608 36,216 Total functional expenses. Add lines 1 through 24e . . . 248,509 70,685 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			89,745.	1	22,126.
	2	Savings and temporary cash investments			6,012.	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persons.	r office contribu	r, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified pe				6	
	_	section 4958(f)(1)), and persons described in section 4		· · · · ·			
(A	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			0.045	8	0.004
155	9	Prepaid expenses and deferred charges	1 1		2,045.	9	2,024.
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	39,535.			
	b	Less: accumulated depreciation	10b	35,229.		10c	4,306.
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.			1,156,732.	15	1,125,016.
	16	Total assets. Add lines 1 through 15 (must equal line 3	33)		1,254,534.	16	1,153,472.
	17	Accounts payable and accrued expenses			4,118.	17	185.
	18	Grants payable			,	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		 		20	
ies	21	Escrow or custodial account liability. Complete Part IV				21	
Liabilities	22	Loans and other payables to any current or former offickey employee, creator or founder, substantial contribut controlled entity or family member of any of these pers	cer, dire tor, or 3	ector, trustee, 85%		22	
Ξ	23	Secured mortgages and notes payable to unrelated thi		_		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp				25	50,000.
	26	Total liabilities. Add lines 17 through 25			4,118.	26	50,185.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	1/ 1101		00/2001
an	27	Net assets without donor restrictions			78,664.	27	-26,749.
Bal	28	Net assets with donor restrictions.		<u> </u>	1,171,752.	28	1,130,036.
þι		Organizations that do not follow FASB ASC 958, chec			1,171,732.		1,130,030.
Net Assets or Fund Balance		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equipme		_		30	
As	31	Retained earnings, endowment, accumulated income,		_	1 050 115	31	1 100 00-
let	32	Total net assets or fund balances		 	1,250,416.	32	1,103,287.
Z RA	33	Total liabilities and net assets/fund balances		1L 09/01/22	1,254,534.	33	1,153,472.
~ Δ	4			I			

Form **990** (2022)

Form	990 (2022) CITY CLUB OF PORTLAND 93-	-0140220)	Pag	ge 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12).	1	1:	10,8	68.
	Total expenses (must equal Part IX, column (A), line 25)		2	48,5	09.
3	Revenue less expenses. Subtract line 2 from line 1.	3	-1:	37,6	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,2	50,4	16.
5	Net unrealized gains (losses) on investments.	5		-9,4	88.
6	Donated services and use of facilities.	6			
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,1	03,2	87.
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?		2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Undergo an audit or audits as set forth in the Undergo an audit or audits as set forth in the Undergo an audit or audits as set forth in the Undergo an audit or audits as set forth in the Undergo an audit or audits as set forth in the Undergo an audit or audits as set forth in the Undergo an audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits are set for the Undergo and Audit	Jniform 	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22		Form	990 (2	2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

CITY CLUB OF PORTLAND 93-0140220 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must** complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	477,975.	229,613.	231,577.	225,230.	104,672.	1,269,067.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					·	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	477,975.	229,613.	231,577.	225,230.	104,672.	1,269,067.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						83,592.
6	Public support. Subtract line 5 from line 4						1,185,475.
Sec	tion B. Total Support		'				,,
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	477,975.	229,613.	231,577.	225,230.	104,672.	1,269,067.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	6,999.	6,347.	5,040.	7,158.	6,893.	32,437.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0,333.	0,317.	3,010.	77130.	0,033.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						1,301,504.
12	Gross receipts from related activi	ties, etc. (see inst	ructions)			12	264,421.
	First 5 years. If the Form 990 is f organization, check this box and	stop here		nird, fourth, or fiftl	h tax year as a se	ction 501(c)(3)	
Sec	tion C. Computation of Pu Public support percentage for 202	blic Support P	ercentage				
	Public support percentage for 202 Public support percentage from 2						91.09%
	33-1/3% support test-2022. If th	e organization did	not check the box	on line 13, and I	ine 14 is 33-1/3%	or more, check the	90.14 % nis box
b	and stop here. The organization of 33-1/3% support test—2021. If the and stop here. The organization	organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33-1	/3% or more, che	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the facts-	neets the facts-an	d-circumstances to	est, check this bo	x and stop here.	Explain in Part VI	how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the facts-and	neets the facts-an -circumstances tes	d-circumstances to st. The organizatio	est, check this bo n qualifies as a p	x and stop here. ublicly supported	Explain in Part VI organization	how the
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, c	or 17b, check this	box and see instr	uctions

BAA Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,,	, , , , , , , , , , , , , , , , , , ,	•				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose							
	or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
-	Amounts from line 6							
iua	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
12								_
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	10c, 11, and 12.)	stop here		hird, fourth, or fift	th tax year as a se	ection 501(c)	(3)	
14 Sec	10c, 11, and 12.)	stop here blic Support I	Percentage					
14 Sec 15	10c, 11, and 12.)	stop hereblic Support I 22 (line 8, column	Percentage (f), divided by lin	e 13, column (f)).			15	90
14 Sec 15 16	First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from 2	stop hereblic Support I 22 (line 8, column 2021 Schedule A,	Percentage (f), divided by lin Part III, line 15	e 13, column (f)).				
14 Sec 15 16 Sec	First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	blic Support I 22 (line 8, column 2021 Schedule A, vestment Inco	Percentage i (f), divided by lin Part III, line 15 me Percentag	e 13, column (f)).			15 16	00
14 Sec 15 16 Sec 17	10c, 11, and 12.) First 5 years. If the Form 990 is f organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for	blic Support I 22 (line 8, column 2021 Schedule A, restment Inco or 2022 (line 10c,	Percentage (f), divided by lin Part III, line 15 me Percentag column (f), divided	e 13, column (f)) e d by line 13, colum	mn (f))		15 16	% % %
14 Sec 15 16 Sec 17 18	10c, 11, and 12.) First 5 years. If the Form 990 is f organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from Investment income percentage from the support percentage from 2 tion D. Computation of Investment income percentage from the support percentage from the supp	blic Support I 22 (line 8, column 2021 Schedule A, vestment Inco or 2022 (line 10c, om 2021 Schedul	Percentage (f), divided by lin Part III, line 15 me Percentag column (f), divided e A, Part III, line 1	e 13, column (f)). e d by line 13, column (f).	mn (f))		15 16 17 18	% % %
14 Sec 15 16 Sec 17 18 19a	10c, 11, and 12.) First 5 years. If the Form 990 is f organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for	blic Support I 22 (line 8, column 2021 Schedule A, restment Inco or 2022 (line 10c, om 2021 Schedul he organization di this box and stop ne organization di	Percentage (f), divided by lin Part III, line 15 me Percentag column (f), divided e A, Part III, line 1 d not check the bo here. The organiz d not check a box	e 13, column (f)). e d by line 13, colur 7	mn (f)). I line 15 is more the sa publicly supports 19a, and line 16	nan 33-1/3% rted organiza	15 16 17 18 , and line ation	% % % 17

Part IV Supporting Organizations
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Sche	edule A (Form 990) 2022 CITY CLUB OF PORTLAND 93-014022	0	F	age 5
Pai	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	<u>. </u>		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
	The state of the s		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Yes	No
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi The organization satisfied the Activities Test. Complete line 2 below.	JIIS).		
	b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	าstruc	tions).	
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
ŀ	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
ŀ	b Did the organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov s must (. 20, 1970 (explain in l complete Sections A tl	Part VI). See nrough E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated instructions.	grated T	ype III supporting orga	anization

BAA Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Sec	ction D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8		
9	9 Distributable amount for 2022 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	10		
			/!!!\	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 2022

CITY CLUB OF PORTLAND 93-0140220			
Organization type (check one)	:		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	1	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.	
General Rule			
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions or property) from any one contributor. Complete Parts I and II. See instructions contributions.		
Special Rules			
regulations under se 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Pared from any one contributor, during the year, total contributions of the greater of the on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts	rt II, line 13, 16a, or f (1) \$5,000; or	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.			
contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no more than \$1,000. If this box is checked, enter here the total contributions that in <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts to this organization because it received <i>nonexclusively</i> religious, charitable, etcore during the year.	o such were received ts unless the tc., contributions	
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its let the filing requirements of Schedule B (Form 990).		

CITY CLUB OF PORTLAND

93-0140220

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

CITY CLUB OF PORTLAND

93-0140220

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional spe	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
	TEE A07031 07/22/22		D (5 000) (000)

Name of organization
CITY CLUB OF PORTLAND Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

Employer identification number 93-0140220

	or (10) that total more than \$1,000 the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the total of e Enter this information once. See ins	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e) Transfer of gift	
	Transferee's name, addre	ss, and ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, addre	ss, and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addre	Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	•	501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
Name	of orgar	nization			Employer identifica	ation number
		LUB OF PORTLAND			93-014022	
			ganization is exempt under section	• •	•	on.
1	Provi See i	de a description of the c nstructions for definition	organization's direct and indirect political ca of "political campaign activities."	impaign activities in P	art IV.	
2			penditures. See instructions		Ś	
			campaign activities. See instructions			
Par	t I-B	Complete if the or	rganization is exempt under secti	on 501(c)(3).		
1	Enter	the amount of any exci	se tax incurred by the organization under s	ection 4955	\$	0.
2	Enter	the amount of any exci	se tax incurred by organization managers ι	under section 4955	\$	0.
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4a	Was	a correction made?				····· Yes No
		es," describe in Part IV.				
Par			rganization is exempt under secti			
1	Enter	the amount directly exp	pended by the filing organization for section	527 exempt function	activities\$	
2			organization's funds contributed to other os			
3	Total line 1	exempt function expend 7b	ditures. Add lines 1 and 2. Enter here and c	on Form 1120-POL,	\$	
4	Did th	ne filing organization file	Form 1120-POL for this year?			Yes No
5	Enter orgar amou segre	the names, addresses a nization made payments ant of political contribution gated fund or a political	and employer identification number (EIN) o . For each organization listed, enter the am ons received that were promptly and directly action committee (PAC). If additional space	f all section 527 politi ount paid from the fili y delivered to a separ- section of the filing provide	cal organizations to whi ng organization's funds ate political organization information in Part IV.	ch the filing . Also enter the n, such as a separate
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

Par	t II-A Complete if t	the organization		F01/-\/?\ £:	-1 F	
	section 501		s exempt under section		d Form 5768 (election	on under
Α	Check if the filir	ng organization belor	ngs to an affiliated group (a	nd list in Part IV each a	ffiliated group member's	name,
	address,	EIN, expenses, and	share of excess lobbying e	xpenditures).		
В	Check if the filir	ng organization chec	ked box A and "limited con	trol" provisions apply.		
	(The term		ing Expenditures ins amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditu	ures to influence pub	lic opinion (grassroots lobb	ying)		
b	Total lobbying expenditu	ures to influence a le	gislative body (direct lobby	ng)		
С	Total lobbying expenditu	ures (add lines 1a an	d 1b)		0.	0.
d	Other exempt purpose e	expenditures			203,768.	
е	Total exempt purpose e	xpenditures (add line	es 1c and 1d)		203,768.	0.
f			unt from the following table		40,754.	
	If the amount on line 1e, colu	umn (a) or (b) is	The lobbying nontaxable a	mount is		
	Not over \$500,000		20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,	,000,000	\$100,000 plus 15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$	51,500,000	\$175,000 plus 10% of the excess o	over \$1,000,000.		
	Over \$1,500,000 but not over \$	517,000,000	\$225,000 plus 5% of the excess over	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000.			
g	Grassroots nontaxable a	amount (enter 25% o	f line 1f)		10,189.	0.
h	Subtract line 1g from lin	ne 1a. If zero or less,	ess, enter -0			0.
i Subtract line 1f from line 1c. If zero or less,			s, enter -0 0 ,			0.
j			er line 1h or line 1i, did the			Yes No
	(Sol	me organizations tha	4-Year Averaging Period U at made a section 501(h) el low. See the separate inst	ection do not have to co		
		Lobby	ing Expenditures During	1-Year Averaging Period	I	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobbying nontaxable amount	99,49	5. 21,964.	35,519.	40,754.	197,732.
b	Lobbying ceiling amount (150% of line 2a, column (e))					296,598.
С	Total lobbying expenditures	3,632	2. 11.			3,643.
d	Grassroots nontaxable amount	24,87	4. 5,491.	8,880.	10,189.	49,434.
e	Grassroots ceiling amount (150% of line 2d, column (e))					74,151.
f	Grassroots lobbying expenditures					0.

BAA Schedule C (Form 990) 2022

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).					
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)	
	ription of the lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Publications, or published or broadcast statements?					
•	Grants to other organizations for lobbying purposes?					
'						
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
n						
	Other activities?					
J	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912		_			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5), or			
	section 501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the pri	or yea	ır?	3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4) section 501	(c)(5) or se	ction ⁴	501(c	<u>, </u>

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

ADDITIONAL INFORMATION

CITY CLUB ENGAGES IN VOLUNTEER-DRIVEN RESEARCH INTO MATTERS OF COMMUNITY IMPORTANCE, AND THEN ADVOCATES ON BEHALF OF ITS POSITIONS. SOME OF THAT ADVOCACY INVOLVES PUBLISHING RESEARCH STUDY REPORTS, HOLDING PUBLIC FORUMS TO PRESENT RESULTS, AND OUTREACH TO POLICYMAKERS ON RECOMMENDATIONS. LOBBYING EXPENSES USUALLY COMPRISE A

THE STAFF MEMBER
Schedule C (Form 990) 2022

PORTION OF THE COMPENSATION OF THE RESEARCH AND POLICY DIRECTOR,

Part IV Supplemental Information (continued)

ADDITIONAL INFORMATION (CONTINUED)

COORDINATING THIS ACTIVITY, AND EXPENSES RELATED TO PUBLICIZING BALLOT MEASURE RECOMMENDATIONS IN THE STATE VOTERS PAMPHLET.

TEEA3204L 09/06/22

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CIT	Y CLUB OF PORTLAND			93-0140220
Par			er Similar Funds o	or Accounts.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	s (t) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the asset organization's exclusive legal contro	s held in donor advised	d funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	t of the donor or donor advisor, or fo	or any other purpose co	onferring
Par		IIIV II E 000 D I IV I: 7		
	Complete if the organization answered			
1	Purpose(s) of conservation easements held by	, ,		
	Preservation of land for public use (for ex	ample, recreation or education)		storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation cor	itribution in the form of	a conservation easement on the
	last day of the tax your.			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
ŀ	Total acreage restricted by conservation ease	ments	2b	
	Number of conservation easements on a certification of conservation easements on a certification of the conservation easements on the certification of the conservation easements of the certification of the certif			
	Number of conservation easements included i	n (c) acquired after July 25, 2006 ar	nd not on a	
	historic structure listed in the National Registe	er	2d	
3	Number of conservation easements modified, tax year	transferred, released, extinguished,	or terminated by the o	organization during the
4	Number of states where property subject to co			
5	Does the organization have a written policy re			
•	and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, nandling or violations	s, and enforcing conser	valion easements during the year
7	Amount of expenses incurred in monitoring, in	nspecting, handling of violations, an	d enforcing conservation	on easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirer	ments of section 170(h))(4)(B)(i)
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements in its to the organization's financial staten	revenue and expense s nents that describes the	statement and balance sheet, and e organization's accounting for
Par	Complete if the organization answered	ollections of Art, Historical ⁻ 1 "Yes" on Form 990, Part IV, line 8.	Treasures, or Oth	er Similar Assets.
1 a	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financial	ld for public exhibition, education, o	r research in furtheran	
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:	ld for public exhibition, education, o	r research in furtheran	ce of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		\$
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of a amounts required to be reported under FASB	ASC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, line	· I		\$
L	Accets included in Form 990 Part Y			<u> </u>

Schedule D (Form 990) 2022 CITY Part III Organizations Mainta			I Treasures, or O	93-014 ther Similar Assets		inued	Page 2
3 Using the organization's acquisition		· · · · · · · · · · · · · · · · · · ·	•				
items (check all that apply):	,						
a Public exhibition		—	change program				
Scholarly research	-ti	e Other					
c Preservation for future general Provide a description of the organ		and explain how they	further the organizat	ion's exempt purpose	in		
Part XIII. 5 During the year, did the organizate that the state of th	tion solicit or receive	donations of art, hist	orical treasures, or ot	her similar assets	Yes	Г	No
to be sold to raise funds rather th Part IV Escrow and Custod							
reported an amount on Fo	orm 990, Part X, line 2	21.	ryanization answered	res on Form 990, Pa	11117, 1	iiie 9, 0	
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or othe	r intermediary for co	ontributions or other a	ssets not included	Yes	Г	No
b If "Yes," explain the arrangement					res	L	
bili res, explain the arrangement	in r are xiii ana com	siete the following te	bic.		Amoun		
c Beginning balance							
d Additions during the year							
e Distributions during the year				. 1 e			
f Ending balance				. 1f			
2 a Did the organization include an a	mount on Form 990, F	Part X, line 21, for e	scrow or custodial acc	count liability?	Yes		No
b If "Yes," explain the arrangement	in Part XIII. Check he	ere if the explanation	n has been provided o	n Part XIII	<u> </u>		7
Part V Endowment Funds.	Complete if the orga	nization answered "Y	'es" on Form 990, Par	t IV, line 10.			
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		Four year:	
1 a Beginning of year balance	1,156,732.	1,150,913		. 904,832.		923,	552.
b Contributions		15,000					
c Net investment earnings, gains,	10 504	0 655	01.5 100	00.000		4.0	
and losses	-13,504.	8,655	. 316,498	. 20,272.		19,	756.
d Grants or scholarships							
e Other expenditures for facilities and programs	12,984.	12,449	. 39,441	. 38,977.		33.	001.
f Administrative expenses	5,228.	5,387					475.
q End of year balance	1,125,016.	1,156,732					832.
2 Provide the estimated percentage				<u>'</u>	I		
a Board designated or quasi-endow	ment 0	۱.09 [%]					
b Permanent endowment	65.85%						
c Term endowment 34	4.06 [%]						
The percentages on lines 2a, 2b,	and 2c should equal	100%.					
3a Are there endowment funds not in	n the possession of th	e organization that a	are held and administ	ered for the	Г		
organization by:						Yes	No
(i) Unrelated organizations					3a(i)	X	
(ii) Related organizations b If "Yes" on line 3a(ii), are the rela					3a(ii)		X
4 Describe in Part XIII the intended					3b		
	-	tion's endowment idi	nds. SEE PART	YIII			
, ,	• •	Form 000 Port IV	lina 11a Cas Form 00	O Part V line 10			
Complete if the organization				· · · · · · · · · · · · · · · · · · ·			
Description of property	(a) Cost (in	or other basis (vestment)	b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment			39,535.	35,229.		4	,306.
e Other							
Total. Add lines 1a through 1e. (Column	n (d) must equal Forn	n 990, Part X, colum	n (B), line 10c.)			4	,306.

Schedule D (Form 990) 2022

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV li	N/A ne 11h See Form 990 Part X line 12	
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives	, ,	,,	
	held equity interests			
(3) Other				
(A)				
(A) (B) (C) (D) (E)				
(C)				
(D)				
(F)				
(G)				
(H)				
<u>(l)</u>				
	n (b) must equal Form 990, Part X, column (B) line 12.)		27.72	
Part VIII	Investments — Program Related. Complete if the organization answered "Yes" or	n Form 990 Part IV li	N/A ne 11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)		. ,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes" or	n Form 000 Part IV li	no 11d Soo Form 000 Part V line 15	
		scription	ile Tru. See Form 930, Fart X, ilile 13.	(b) Book value
(1) BENE	EFICIAL INTEREST ASSETS HELD B			1,125,016.
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Colu	umn (b) must equal Form 990, Part X, column (B	3) line 15.)		1,125,016.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or		ne 11e or 11f. See Form 990, Part X, lin	
1.	• • • • • • • • • • • • • • • • • • • •	iption of liability		(b) Book value
(2) LINE	al income taxes E OF CREDIT			50,000.
(3)	COF CREDIT			30,000.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	(h)			F0 000
	n (b) must equal Form 990, Part X, column (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the foo nder FASB ASC 740. Check here if the text of the footnote has			

Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Retur	ı. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants.	2 c	
d Other (Describe in Part XIII.).	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
b Other (Describe in Part XIII.).	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statements	: With Expenses per Ret	ırn. N/A
· · · · · · · · · · · · · · · · · · ·		AIII. 14/ 21
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		AIII. 14/ 21
· · · · · · · · · · · · · · · · · · ·	-	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2 a 2 b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2a 2b 2c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses	2a 2b 2c 2d	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	2 a 2 b 2 c 2 d	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1 2 e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2 a 2 b 2 c 2 d	1 2 e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.).	2a 2b 2c 2d 4a 4b	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	1 2e 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.).	2a 2b 2c 2d 4a 4b	1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE OREGON COMMUNITY FOUNDATION HOLDS CITY CLUB'S GENERAL ENDOWMENT AND RESEACH ENDOWMENT, AND DISTRIBUTES TWO SEMI-ANNUAL PAYMENTS FROM EACH FUND DURING EACH FISCAL YEAR UNLESS SUSPENDED AT THE REQUEST OF THE BOARD OF GOVERNORS.

THE PURPOSE OF THE ENDOWMENTS IS TO PROVIDE A RELIABLE AND PERPETUAL ANNUAL INCOME STREAM IN SUPPORT OF CITY CLUB'S RESEARCH PROGRAM AND ITS GENERAL OPERATIONS.

BAA Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identifica	
CITY CLUB OF PORTLAND Fundraising Activities. Comp	ata if the argan	ization an	swored "V	oc" on Form 000 Part I	V line 1	93-014022	0
Form 990-EZ filers are not red				es on Form 990, Part i	v, iiie i	7.	
1 Indicate whether the organization r	aised funds thro	ough any o	of the follo	wing activities. Check a	II that ap	oply.	
a X Mail solicitations			е	X Solicitation of non-	governm	ent grants	
b X Internet and email solicitations			f	X Solicitation of gove	rnment o	grants	
c Phone solicitations			g	Special fundraising	events		
d In-person solicitations			_				
2a Did the organization have a written	or oral agreem	ent with a	ınv individi	ual (including officers, d	lirectors.	trustees, or ke	v — —
employees listed in Form 990, Part	VII) or entity in	n connecti	on with pro	ofessional fundraising s	ervices?		Yes X No
b If "Yes," list the 10 highest paid incompensated at least \$5,000 by the	dividuals or enti	ties (fundr	aisers) pu	rsuant to agreements u	nder whi	ch the fundraise	er is to be
Compensated at least \$5,000 by the	e organization.	1	1				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custo of contr	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or r	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tatal							_
Total				ioit contributions == b	hoon =	tified it is accomm	nt from registration
List all states in which the organization or licensing.	ition is registere	ea or licen		cit contributions or nas	been no		pt from registration

Par	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1					
		and 6b. List events with gross rec	ndraising event co reints greater than	intributions and gros	ss income on Forr	n 990-E∠, lines I
		and ob. Elst overlis with gross red	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add column (a)
æ			(event type)	(event type)	(total number)	through column (c)
Revenue	1	Gross receipts				
α.	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
Ω	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 thro				
	11	Net income summary. Subtract line 10 fro				
Par	t III	Gaming. Complete if the organizathan \$15,000 on Form 990-EZ, lin	ation answered "Ye ne 6a	es" on Form 990, Pa	art IV, line 19, or	reported more
		11an \$10,000 on 1 on 1 550 EE, in	10 041	(b) Pull tabs/instant		(d) Total gaming
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
Re	_					
	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, column	n (d)		
	ls th	er the state(s) in which the organization corne organization licensed to conduct gaming	activities in each of the			Yes No
		e any of the organization's gaming licenses		or terminated during the		

Sch	edule G (Form 990) 2022 CITY CLUB OF PORTLAND	93-0140220	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or othe administer charitable gaming?	-	No
;	Indicate the percentage of gaming activity conducted in: a The organization's facility.		%
	b An outside facility		%
	Name		
	Address		
I	a Does the organization have a contract with a third party from whom the organization receives gamin b If "Yes," enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:		es No
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
	 a Is the organization required under state law to make charitable distributions from the gaming processate gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year \$ 	Ye	es No
Pa	Supplemental Information. Provide the explanations required by Part I, I and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also prinformation. See instructions.	ne 2b, columns (iii) ar provide any additional	nd (v);

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CITY CLUB OF PORTLAND

Employer identification number

93-0140220

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

MEMBERS ARE VOTING MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

ALL MEMBERS ARE EQUAL AND HAVE ONE VOTE.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

ALL MEMBERS ARE EQUAL AND HAVE ONE VOTE. THE BYLAWS DICTATE DECISIONS THAT MUST BE APPROVED BY MEMBERS.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS

THERE WAS NO COMMITTEE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY IN THE CURRENT YEAR.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TREASURER AND FINANCE COMMITTEE REVIEW THE 990 BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL GOVERNORS OF THE BOARD ARE EXPECTED TO REPORT THEIR POTENTIAL CONFLICTS OF INTEREST. KNOWLEDGE OF SUCH CONFLICTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE AS THEY ARISE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF GOVERNORS PERIODICALLY RECEIVES DATA FROM AN INDEPENDENT NON-PROFIT RESOURCE WITH REGARD TO COMPETITIVE PAY STRUCTURES FOR NON-PROFIT EXECUTIVE DIRECTORS IN OUR GEOGRAPHIC REGION. WHEN NEEDED, WE REVIEW AND UPDATE THE COMPENSATION PACKAGE FOR OUR EXECUTIVE DIRECTOR BY USING INDEPENDENT DATA AS A BENCHMARK.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2022 Page 2

Name of the organization

CITY CLUB OF PORTLAND

Employer identification number
93-0140220

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
PROFESSIONAL SERVICES		129,195.	2,917.	126,278.	
	TOTAL \$	129,195. S	\$ 2,917.	\$ 126,278. <u>\$</u>	0.